



CITY OF DULUTH
DIVISION OF BUILDING SAFETY
Room 210 City Hall
Duluth MN 55802-1194
218/730-5300 FAX: 218/730-5901

(Return form to office including \$28.50 fee)

Reduced Pressure Zone Backflow Preventer Test Report

CUSTOMER NAME: _____ ACCOUNT #: _____

FACILITY NAME: _____ Commercial ☐ Residential ☐

FACILITY ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

LOCATION OF ASSEMBLY: _____

NEW INSTALLATION ☐ EXISTING ☐ REPLACEMENT ☐ OLD ASSEMBLY SERIAL NUMBER: _____

DATE OF INSTALLATION OR LAST REBUILD _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SERIAL NO.: _____ SIZE: _____

INITIAL TEST PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CHECK VALVE NO.1 LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	CHECK VALVE NO.2 LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____																																													
NEW PARTS AND REPAIRS	<table> <tr> <td>CLEAN</td> <td>REPLACE</td> <td>PART</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<table> <tr> <td>CLEAN</td> <td>REPLACE</td> <td>PART</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<table> <tr> <td>CLEAN</td> <td>REPLACE</td> <td>PART</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
CLEAN	REPLACE	PART																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
CLEAN	REPLACE	PART																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
CLEAN	REPLACE	PART																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
<input type="checkbox"/>	<input type="checkbox"/>	_____																																														
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID																																													

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes ☐ No ☐ Detector Meter Reading _____

REMARKS _____

CONTRACTOR NAME _____

TESTER'S NAME PRINTED _____ CERT. NO. _____ DATE _____

TESTER'S NAME SIGNATURE _____ TESTERS PHONE # () _____

GAGE CALIBRATION DATE ____/____/____

WATER SERVICE RESTORED YES ☐ NO ☐